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ON THE SECRETION OF AIR IN THE THORAX AND ABDOMEN.

BY DR. R. J. GRAVES.

THIS curious subject is noticed by Dr. Graves in the January number of our Dublin contemporary. It has attracted but little attention in modern times, though it is far from being unimportant. Dr. Frank has treated of it at some length, and, under the heads emphysema and pneumatose, it is discussed in the Dict. des Sciences Medicales. Mr. Dalton has demonstrated that the whole substance of the body is pervious to air, and that a considerable portion of air constantly exists in the body during life, subject to increase or diminution according to atmospheric pressure.

Some late writers (vide Cyclopædia of Practical Medicine) seem to doubt the existence of simple pneumo-thorax; but Frank, Laennec and Andral have admitted it, and related examples.—There seems, indeed, to be no good reason why air should not be secreted in the cavity of the pleura as well as in that of the peritoneum. The following cases are adduced as proofs.

CASE I.—"I was called by Mr. Dwyer of Camden street, to visit a young gentleman affected with cough and mild feverish symptoms. Indubitable evidence was afforded by the stethoscope and percussion, of a considerable portion of the lower lobe of the left lung being on the verge of hepatization, for there was dulness, bronchial respiration, and very obscure crepitus, with bronchophony over the affected infero-posterior portion of the lung. In no other part of the left lung whatsoever was there dulness; indeed the reverse was observable over its infero-anterior portion, which gave a preternaturally clear sound, particularly in the region usually occupied by the heart. It was evident that no effusion of fluid existed in addition to the pneumonia detected at the base of the left lung. On closer examination we were, therefore, greatly surprised at finding that the heart was pushed out of its place, and pulsated quite close to the mamma on the right side.

Had the heart been pushed *thus far out of its place* by fluid effused into the left pleural sac, it is clear that the fluid must have been very considerable in quantity, and *must have necessarily filled the space usually occupied by the heart, as well as that through which the heart was forced* in pushing the mediastinum from the left to the right side. Obvious considerations make it impossible for the heart to be dislocated, as this young gentleman's was, so far to the right side by means of an effusion of fluid into the left pleural sac, without the occurrence of extensive dulness and the other physical signs of empyema in the infero-anterior

portions of the left side of the thorax. No case of dislocation of the heart by means of fluid to such an extent has ever been recorded, without these signs being at the same time observed most extensively in the left side of the chest. In this case, however, the heart was dislocated as already described, and yet not a single physical sign of the presence of a fluid in the left side existed. Some who examined this case advanced the opinion, that the heart was dislocated by means of the stomach being distended with wind. The relative anatomical positions of the heart and stomach, render it actually impossible for the latter, even when distended to a maximum, to push the heart in the slightest degree towards the *left* (*right*, obviously) side;—indeed in the numerous distressing cases of ventricular and intestinal tympanitis which I have witnessed, even in those where the belly has been most inflated, I have never seen such an effect; but it is unnecessary to controvert this opinion further, for in a day or two the belly became quite fallen and soft, while the heart's dislocation still continued. There is no other way, then, of accounting for the latter phenomenon, except the supposition that the heart was pushed out of its place by air effused into the left pleural sac, in consequence of a certain degree of pleurisy accompanying the pneumonia of the left lung. The physical signs such an occurrence must necessarily give rise to, would perfectly agree with those observed. It is important to add, that the inflamed portion of the left lung now went through the usual process of healthy resolution, but that the heart had regained its natural position many days before the resolution of the pneumonia was completed; an occurrence we can readily explain on the natural supposition that the absorption of the effused air was a process more easily and readily performed by the pleura when its inflammation was cured, than was the restoration of the lung to its original healthy structure after the pneumonia had been checked."

There cannot be a doubt that the heart, in the above case, was dislocated by air. The following case was communicated to our author by Dr. Corrigan.

Case II.—"A man, admitted into one of the medical wards of Jervis street Hospital, died soon after admission. I did not see him alive, and the only particulars of his case I could obtain, were, that he had complained, on admission, of great dyspnœa, and of stitch in his left side, for which he had been bled and blistered. The post-mortem examination was made six hours after death. The body appeared to be that of a man of about forty years of age, well formed and well nourished. The muscles at the time of examination were becoming very rigid, and the superficial veins all over the body, but particularly those of the upper extremities, were remarkably distended. On percussion the anterior part of the thorax of the left side sounded very clear—the right side comparatively dull. The right lung fully occupied its side, and was kept in its place by a few old adhesions; in the cavity of the pleura was a small quantity of reddish-colored serum; no deposition of lymph or other evidence of pleural inflammation. The texture of the lung was a little more gorged than natural. On opening the left side of the thorax, which, as already noticed, sounded clear on percussion, the lung of that side was found collapsed, lying close to the spine; its texture, when cut into, of a

dark venous color, completely carnified, without the slightest crepitation or approach towards hepatization in any part of it. Two or three old loose bands of false membranes passed from the top of this lung to the upper part of the pleura costalis. In the cavity of the pleura were six or eight ounces of reddish serum, and the anterior inferior part of the surface of the collapsed lung was covered with a pasty exudation of lymph to the thickness of one-sixth of an inch, which could be easily pulled off, leaving the pleura underneath smooth and transparent. This deposition was evidently of very recent formation. In the upper part of the collapsed lung was a cavity of the size of a walnut, with a partially formed lining of lymph. No tubercular matter was found around it or in any other part of the lung. The clear sound on percussion, the collapsed and carnified state of the lung, in this case showed that the cavity of the pleura had been distended by air, which exerted a compressing power on the lung; but whether the air was a secretion from the vessels engaged in the inflammatory action of the pleura, or whether it passed from the cavity in the top of the lung, is a question not so easily answered. The probability seems to be that the air was a secretion. No communication could be detected between the cavity in the lung and the cavity of the pleura, and there was a considerable depth of pulmonary tissue between them. There was moreover no purulent fluid in the cavity of the pleura, nor any recent lymph shed in the neighborhood, both of which we might expect if the pleura had been ruptured."

The last case is rather defective. Air should have been thrown into the lung by means of a pair of bellows, and then, if any opening existed, it would have been detected. A small aperture might escape notice, if the above test be not applied. Our own belief, however, is, that the air was secreted in the above case. From the following reasoning of our author we must dissent.

"The fact, too, that this air had exerted on the lung itself a compressing force sufficient to carnify that viscus, *is in itself a demonstration* that it had no communication with the air contained in the pulmonary structure and in the bronchial tubes. It is indeed self-evident, that air derived from a pulmonary abscess communicating with the pleural sac, being in equilibrium with the air contained in the lung itself, could not possibly expel the air contained in the air-cells, a step necessary to be effected prior to carnification of the lung. The result of this dissection, therefore, together with the case I observed along with Mr. Dwyer, added to the evidence of Andral, Laennec, Frank, and others upon the subject, leaves no doubt whatsoever of the existence of such a disease as Pneumo-thorax from gaseous secretion."

If a communication take place between an air-cell or bronchial tube and the cavity of the pleura, no matter how induced, air will be forced out from the lung till the lung itself becomes compressed. Of this, our readers will remember the melancholy example of poor Mr. Cornish related in this Journal, and where Mr. Guthrie performed the operation of paracentesis thoracis. The aperture was extremely small—the air was constantly escaping—the heart was pushed over into the right side of the chest—and the lung was collapsed to one-third its size. With this exception, we agree in sentiment with the talented writer before us.

Dr. Graves makes some observations on the abdominal species of pneumatosis, which need not detain us long. There are two kinds—one where the air is accumulated within the intestinal canal—the other where it is in the general cavity of the peritoneum. The former is common in hysterical females. In tympanitis the health is often little affected, and the patient only complains of the inconvenient size of the abdomen. "As a contribution to the diagnosis between intestinal and peritoneal tympanitis, I may observe that, in the *latter*, change of posture always produces a change in the situation of the most sonorous part of the belly, which always occupies the most elevated part.

"Thus in the case of Mary Callagham, aged 15, admitted into Sir P. Dun's Hospital, in April, 1833, there was no derangement of the general health, her appetite was good, tongue clean, and she was not at all annoyed by borborygmi or flatus in stomach or intestines; bowels were regular. All this was inconsistent with intestinal tympanites; her abdomen was globular and measured 31 inches round the umbilicus, which, considering her age and slender make, argued a great increase in size. When she lay on her back, the anterior and antero-lateral portions sounded clear, the postero-lateral portions dull. When she lay on one side, the opposite side of belly then sounded clear. This peritoneal tympanites *had gradually attained its present magnitude during the preceding year.* It did not affect her respiration: there was no œdema of the extremities, and the abdominal tumefaction was not subject to temporary alterations in size, either from eating any particular article of food or any other cause. I have seen several cases similar to this, unaccompanied by menstrual derangement, and where the unseemly appearance of pregnancy was the cause of much annoyance. I must confess that all the remedies I have tried in such cases have generally failed altogether, although the greatest diligence was used in applying stimulating and carminative liniments, bandages round the belly, &c. &c. In such cases I have administered, without good effects, spirit of turpentine by the mouth and in injections, iron, bark, iodine, diuretics, and a continued course of smart purgatives, together with the tepid saltwater shower-bath, but have not found any of these means useful,—for the disease has resisted them all, and continued month after month unabated. It is with a view, therefore, of eliciting further information on this subject that I have made the foregoing observations; for although the disease in question is often quite unattended with any feeling of abdominal tenderness, or indeed any symptom of deranged health, yet the females so affected, and their friends, look for its cure with anxiety, and naturally become impatient when they find the size of the abdomen undiminished, notwithstanding the application of various remedies. When peritoneal tympanites arises very suddenly, in the course of a few hours, or of a few days, the prognosis is much better, and we have a much less obstinate disease to contend with, as it seldom continues long, and often disappears as suddenly as it came. This tractable variety occurs not merely in unmarried hysterical females, but also very frequently in women shortly after delivery. The chronic peritoneal tympanites is of common occurrence in charitable institutions devoted to the education and support of young females, and then it seems connected

in most instances with a scrofulous diathesis, produced by confinement and an exclusive vegetable diet."

The peritoneal tympanitis may occur as an acute disease, arising from peritoneal inflammation, and complicated with the intestinal species. It is common to see this disappear with the inflammation, its cause. A succession of blisters and frictions with mercurial ointment are useful.

Our author adverts again to the subject of spontaneous emphysema seated in the subcutaneous cellular tissue, and refers to the excellent observations of Frank on this point. There is a curious variety of this disease following great loss of blood. M. Rebolle relates the case of a patient who died in the Hôtel Dieu of repeated attacks of profuse epistaxis, and whose body on examination, 15 hours after death, and before any symptom of putrefaction obtained, presented, among the coagula of blood in the heart and large vessels, numerous cells filled with air. This phenomenon was still more striking in the small veins, where it resembled the contents of a spirit of wine thermometer, into which bubble after bubble of air had been introduced. When the vessels were divided, gas escaped. Another case is detailed by the same author, and experiments on animals are instituted, leaving no doubt of the fact that gas exists in the circulating system after profuse hæmorrhage.

"A gentleman, about fifty-six years of age, residing in the neighborhood of Dublin, was attacked with excitement of the vascular system and a quick thrilling state of the pulse, which ended in repeated attacks of profuse epistaxis. This hemorrhagic tendency was probably connected with hypertrophy of the heart, and had produced an extreme degree of debility, when Mr. Kirby, who was in attendance with me, discovered that the subcutaneous cellular membrane of the abdomen had become emphysematous. Neither Mr. Kirby, nor Dr. Jacob who was attending along with us, was aware that this emphysematous state arose from the preceding hemorrhage. Everything connected with the development of gas in the vascular system is calculated to excite interest, and without entering upon the important inquiry how it happens that hemorrhage predisposes to such an occurrence, I may observe, that when air is once generated in morbid quantity it may occasion the most fatal symptoms, as is proved by the sudden deaths which have occurred during operations, in consequence of the absorption of air into the veins."

These cases are very interesting, as indeed are all communications from their highly-gifted author.—*Med.-Chir. Review.*

ON THE PREVENTION OF UTERINE HÆMORRHAGE, POST PARTUM.

BY DR. BEATTY.

In our esteemed contemporary of Dublin, for January of the present year, there are some "contributions to midwifery"—(a somewhat equivocal term, by the bye, from the fertile soil of the Emerald Isle)—by Dr. Beatty, consulting accoucheur to the Baggot Street Hospital, Dublin. The one which we shall now notice is on a very important subject. Uterine hæmorrhage, post partum, is a formidable accident. The gush

of blood, on such occasions, strikes terror into the minds of all. The loss of the vital fluid, in the greatest operations, is comparatively trifling to this. It would seem that the parturient woman bears better an excessive hæmorrhage than any other individual—probably in consequence of the habit so long sustained in the system, of devoting a large portion of blood to the purpose of utero-gestation. Still there is a limit to this tolerance of hæmorrhage, beyond which a female cannot go in safety, though some bear a much greater loss than others. This hæmorrhage can result, according to our author, from one cause only—namely, a patulous state of some or all of the great uterine sinuses, in consequence of want of contraction. "The only remedy for this is a proper contraction of the fibres through which these vessels pass obliquely." Uterine contraction, therefore, is the only protection against uterine hæmorrhage; and will always be effectual except in cases of morbid adhesion of the placenta. The best means of effecting this contraction, according to Dr. Beatty, is direct stimulus by external force, viz. grasping, friction, and firm pressure over the pubis. Dr. B. says that this was the practice pursued by his father, with great success, during a long practice of 45 years. He does not wish, however, to discard other assistance, as cold, &c. He only desires to place the above means in the first rank.

"Early impressions are very lasting, and therefore I have a vivid recollection of the first case of serious uterine hemorrhage I ever witnessed. I was called in the middle of the night to a patient, who had been attended by a very young man, a student of midwifery. The labor had been natural and easy; but after the birth of the child, and before the expulsion of the placenta, a deluge of blood escaped; and when I arrived, there was not only a sea of it under the patient, but also a stream along the floor, that had issued from the foot of the bed. I found the attendant pale as a corpse, and almost frightened to death, with a bucketful of water beside him, and numerous cloths soaked in the same, which he diligently applied to the external parts; notwithstanding which, the bleeding still continued. The woman was blanched, the pulse failing at the wrist, she was tossing her arms about, and crying out for more air. On passing my hand over the abdomen, and feeling the uterus large and flaccid, I immediately exerted all my force, in grasping, and firmly pressing this organ downwards into the pelvis, and very soon found it contracting forcibly under my finger. At this moment a rush of coagulated blood took place, which nearly extinguished the little remaining spark of life in the attendant, but was a matter of great consolation to myself, as I took it as a token of having succeeded in my endeavors. In this I was not deceived; the uterus had fairly contracted, and the hæmorrhage was at once arrested. I kept up the pressure on the uterus with my left hand, and passed the forefinger of my right into the vagina, to ascertain the state of the placenta, which I found now lying loose in that passage, from whence, after having put on a tight binder, it was easily removed. The woman recovered; but she had lost so much blood, that some days elapsed before she could be pronounced out of danger."

Dr. B. conceives that, in the foregoing case, the introduction of the hand into the uterus would have been productive of greater loss of blood than the procedure which he employed. If, however, he had found the

natural contraction of the uterus insufficient to expel the placenta, he would then have had recourse to extraction.

As we cannot prognosticate whether or not hemorrhage will take place, post partum, it is better to guard against its occurrence. "This is attained by making the uterus perform the whole process of expelling the child itself, even to the feet; and never, by any injudicious haste, assisting the delivery by pulling the child."

"A practice pretty generally employed in this city, and lately taken notice of by Dr. Maunsell, is of great utility in this part of the process; that is, after the expulsion of the shoulders, to place the left hand on the abdomen of the woman, and follow the uterus by firm pressure, until the whole child is expelled. After this has taken place, if the child be alive and cry, the right hand, which had been employed in supporting its head and body, may now be disengaged, and the child laid in the bed, until more important matters are attended to. The chief of these is the proper application of an appropriate binder, previously passed loosely round the body of the woman. This I consider a very important part of the treatment, for it at once insures an equal and firm pressure on the uterus, and prevents its subsequent relaxation; while it leaves the practitioner at liberty to attend to the child. But the kind of binder usually employed, is very ill calculated to accomplish this end. It is commonly made of some straight narrow material, as a folded towel, a piece of linen, or what is still worse, of flannel, any of which it is utterly impossible to apply in such a manner as that it shall keep its place, and exert the uniform pressure which is so desirable; as from the shape of the woman's body, it must slip up over her hips, and it finally runs into a simple cord round her waist, no matter how broad it may have been, or how accurately it may have been at first fastened.

"To obviate this difficulty, I make all my patients provide themselves with a binder, according to a pattern which I have constructed, and have found of the greatest use and convenience. It is made of jean, or twilled calico, doubled, and broad enough to reach from the eighth or ninth rib to the trochanters; with two long triangular pieces, termed in millinery, gores, let in to enlarge the diameter below, and fit the hips, just as female stays are made. It is furnished with a row of buckles arranged along one end, and at the other with a corresponding number of straps, made of the same material as the binder. The straps are about seven inches long, and are sewed, not to the edge, but about seven inches from it; so that when they are passed through the buckles, the floating portion passes under the opposite end, and protects the skin from pressure. A very thin piece of whalebone, one-third of an inch broad, is inserted, so that when the binder is applied, it runs straight down the middle of the abdomen from the thorax to the pelvis. A bandage such as this fits easily, without any unequal pressure when drawn tight; never shifts its place when made well, and properly applied; and effectually accomplishes the object for which it is intended. I have employed it with several ladies who had been in the habit of using the common kind, and they invariably express the greatest comfort from its use."

As soon as the child is expelled, and when the uterus is felt to be well contracted, the binder may be tightened. It is best to begin with the

middle straps, and proceed regularly downwards, after which the upper may be secured. The course thus pursued is admirably calculated to prevent the occurrence of the hour-glass contraction—and the best security against that insidious, and too frequently fatal accident, relaxation of the uterus after delivery, accompanied by internal hæmorrhage.

These observations from Dr. Beatty will be perused with great advantage by our readers.—*Ibid.*

CASE OF TUMOR IN THE REGION OF THE LIVER,

WITH DISCHARGE OF BILIARY CALCULI THROUGH THE PARIETES OF THE ABDOMEN.

BY WILLIAM MACNISH, M.D. SURG. EDIN.

A LADY, aged about 27, of delicate constitution, the mother of several children, after a residence of between two and three years in the West Indies, during which time she enjoyed tolerable health, when at Barbadoes, in 1817, experienced an attack of acute *hepatitis*.

It commenced suddenly with sickness and vomiting, severe pain, tension, and fulness of the region of the liver, the pain greatly increased by pressure, and extending to the right shoulder. There was cough, with *dyspnœa*, and inability to lie on the left side ; pulse frequent, with urgent thirst ; furred tongue ; and hot dry skin. By repeated bleedings, saline purgatives, blisters, and the exhibition of mercury so as to affect the mouth, the active character of the disease was in a short time subdued ; but it was two months before the lady could leave her room, and then in a very debilitated state, and unable to walk upright.

Her convalescence proceeded slowly, and her state was altogether so unsatisfactory, that a return to Europe was deemed essential to her recovery. Circumstances, however, prevented her leaving Barbadoes till May 1818, when she sailed for England.

During the voyage her health improved considerably : but towards its termination, she began to complain of constant uneasiness in the region of the liver, in which there was an evident fulness, and some pain on pressure.

On her arrival in London, early in August, there was a visible tumor below the margin of the ribs, with considerable surrounding tumefaction, and so tender that she could not bear the least pressure of the fingers. Its surface was discolored in two places, at which it seemed probable the tumor would point. At the end of the month, however, there was no perceptible change.

September 15.—The tumor had greatly decreased, the pain and tumefaction had subsided, and she could bear to have it freely examined. The discoloration was now confined to one spot, where there was an indistinct feeling of fluctuation. The tumor extended from the margin of the false ribs of the right side to within a couple of inches from the groin, the glands of which were enlarged and painful. Its greatest breadth was little more than two inches, it became narrower as it descended, and its termination was not more than an inch in breadth. It was irregular and hard : and so thin and superficial, that in grasping it the fingers could almost be made to meet behind it. At its upper part it adhered to the

parietes of the *abdomen*, the remainder was attached and moveable. She complained of a sense of fulness or weight, and of occasional lancinating pains in it. Her appetite was weak, and her health considerably impaired.

It was agreed in consultation, that the tumor should be opened at the inflamed spot, and a tent introduced with the view of giving vent to any contained fluid, and establishing a drain.

September 20.—Tumor opened; a small quantity of healthy-looking *pus* followed the lancet, and more was obtained by pressure; but the discharge was altogether inconsiderable, and in a few days was little more than sufficient to moisten the tent, which was daily introduced. So rapid a diminution of the tumor now took place, that, by the 1st of November, it was not half its original size. On the 9th she complained of much pain in the tumor, nausea, headache, and other febrile symptoms, which continued with little abatement till the 15th, when, on withdrawing the tent, I was surprised to find a hard substance in the wound, which proved to be a gall-stone, about the size of a nut. On the following morning another was discharged. A state of comparative ease now succeeded, and continued till the 25th, when there was a recurrence of the pain, followed (on the 29th) by the expulsion of another *calculus* and some fragments. Her health now improved daily; and, though the tumor for some time felt hard and painful on pressure, it was productive of little more discomfort than that occasioned by the daily renewal of the tent.

In March 1819, she was in the fifth month of pregnancy, though the menses had not appeared since she was first taken ill. As utero-gestation advanced, the liver became uneasy, and her general health suffered. On the 20th of May, she had a severe and lengthened shivering fit, succeeded by a most distressing hot stage and great debility. Premature labor followed.

A new train of symptoms now supervened. A fortnight after delivery she was seized with violent pain in the epigastric region extending to the back, directly under the *scapulæ*, and stretching down the left side, accompanied for the first time with universal yellowness of the skin. For two days the pain continued severe, and was succeeded on the third by a profuse discharge of a transparent glairy fluid, which, during the three days of its continuance, wetted a great many cloths. Twenty-three large towels were shown me, on most of which, though the fluid itself was perfectly colorless, a tinge of yellow or green remained.

From this period she experienced a succession of similar attacks, at intervals of from four to six weeks; the pain uniformly commencing in the *epigastrium*, extending to the back, and ceasing on the appearance of the discharge, which generally continued about forty-eight hours, but in decreasing quantities till March 1820, when the paroxysms, which had been gradually assuming a milder character, finally ceased. She then went to the country, and took much exercise in the open air. The change was productive of the best results. Her appetite returned, and she gained strength rapidly, and even became stout. She complained at times of uneasiness and sense of weight in the side; but these feelings were of short duration, and productive of little inconvenience. By the end of

the year her health was re-established; and, with the exception of occasional slight dyspeptic attacks, has continued tolerably good since.

From the first appearance of the bilious hue to the cessation of the paroxysms, a period of ten months, the skin was more or less yellow, each successive attack being accompanied or succeeded by a deeper tinge.

In two only of the paroxysms was there any irritability of stomach. The appetite was always defective for some time before an attack, and the bowels were rather slow; but, until the skin became jaundiced, the evacuations, though often unhealthy, generally contained a fair proportion of bile.

The tent, which had been constantly in the side since September, 1818, was in August, 1821, withdrawn. Within a month after, the wound had completely cicatrized. I have no doubt the tent might have been removed with perfect safety at a much earlier period, but it was continued at the desire of the patient, who firmly believed that the healing of the wound would be followed by unpleasant consequences.

For a little space around the cicatrix, which is nearly two inches below the margin of the ribs, the liver is hard, and adherent to the abdominal *parietes*, and feels uncomfortable on pressure; but no vestige of the pendulous tumor can be discovered.

As to the treatment, it is unnecessary to say much. For the most part, it consisted of mercury in some form or other. Generally small doses of the blue pill, either alone, or when a purgative effect was required, in combination with the extract of colocynth. The nitro-muriatic acid bath was used for some time, seemingly with advantage. For the alleviation of the pain during the periodical attacks, various measures were resorted to, but the most successful were opiates in large doses, fomentations, and stimulating frictions. Light tonics, as the cascarilla or quassia, with the carbonate of soda, and infusion of rhubarb in such doses as to regulate the bowels, were in general use throughout the disease, and were very beneficial.

Note.—Of Biliary *Calculi* being discharged by suppurative ulceration of the abdominal *parietes*, many examples are now recorded.

In the *Ephemerides Nat. Curios.* by many authors, *passim*.

Tacconi in Commentar. Acad. Bonon. Vol. ii. p. 1. 1732.

Amyand in Phil. Trans. No. 449.

La Peyronie in Mem. de l'Acad. de la Chirurgie, i. p. 185. 1743; and Petit, Œuvres Port. Tome i. p. 320.

Wiscilen, Lipsiæ, 1742; apud Haller Dissert. Med. Pract. Tom. iii.

Petit, Œuvres Posthumes, Tome i. p. 323. Two cases exclusive of that of La Peyronie.

Guerin, Mem. de l'Acad. de Chirurgie, Tome iii. p. 470.

Commercium Norimb. 1743, p. 81.

Haller, *Opusc. Patholog. Obs.* 38, *Hist.* 8. 1767.

Hoffman, in Crell. Chemische Annalan, 1789. viii. St. p. 128.

Acrel published in 1718 at Upsal, a Dissertation on Gall-stones escaping by ulceration of the abdominal *parietes*; and Sandorff published

in 1801 at Helmstadt, a Dissertation *de Cholelithis ex ulcere abdominis elapsis.*

Volger, in Museum der Heilkunde, iv. Band, p. 91.

Buttner, Funf besondore Wahrnehmungen, &c.—by an abscess at the navel.

Bruckmann, in Horn's Archiv. 1810, p. 231, 144. Several gall-stones escaping successively by abscess.

Lastly, Mr. George White, lately of this city, informed me in May, 1825, shortly after I had published the account of a large gall-stone discharged *per anum*, of one which produced first inflammation and suppuration, and then ulceration of the abdominal *parietes*, and was discharged, with recovery of the patient.—*Edin. Med. and Surg. Jour.*

ON MAMMARY ABSCESS.

BY DR. BEATTY, OF DUBLIN.

THE new office which the mammary glands have to perform after parturition, is attended with considerable increase of the circulation. Within certain limits there is no danger, and not much inconvenience; but when the vascular action passes a healthy limit, inflammation and suppuration are the consequence. A breast which has once suppurated is always more liable afterwards to the same accident. The ordinary treatment usually fails to check this inflammation.

"I have been in the habit of combating this affection in a way first communicated to me by my friend the late Mr. Gregory, who employed it with great success in the Coombe Lying-in Hospital. I have found it equally useful in hospital and private practice, and as I am not aware of its being mentioned by any writer, I take this opportunity of doing so. The remedy to which I allude is tartar emetic, whose power of controlling inflammatory affections of the breast would almost lead one to imagine that it exerted a specific action on the mammary gland. On the accession of inflammatory symptoms in the breast, after purging the patient, I administer this medicine in doses of one-sixteenth of a grain, repeated every hour, so as to induce slight nausea. It is never my object to cause free vomiting, and if this should occur, I omit the medicine for an hour or two, and then recommence its use at longer intervals. In ordinary cases, I usually find after twenty-four hours, that the pain and fever are mitigated, and the breasts are smaller and softer. If these effects are not produced in that time, I double the dose, provided the stomach will bear it, and it rarely happens that it will not, for I have observed that in those cases which do not yield easily, the stomach is very patient of the medicine; probably this circumstance is the cause of the obstinacy, as it appears necessary to cause some nausea before the disease begins to yield."

Dr. B. has frequently employed this remedy in the hard knotty condition of the breasts, which so frequently attends the first week of lactation, and has found it contribute much to the relief of the patient, by softening and discussing the tumors.—*Dub. Med. Jour.*

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MINUTE OBSERVATION IN NATURAL HISTORY.

The importance of minute observation in subjects pertaining to natural history is well exemplified in some researches recently made by Dr. Buckland, in England, and noticed by Sir Charles Bell. Among the curiosities in the county of Yorkshire, are caves hollowed out in the limestone rock of great extent, in which are found the bones of a great variety of animals; the bones of the elephant, of the rhinoceros, of the ox, of the deer; the bones of carnivorous animals with immense teeth; the bones of the tiger, of bears, of wolves, and of birds, and so on to the lesser tribes, even to rats and mice. It has been therefore a subject of much speculation how animals, naturally hostile, should have herded together in these caves, or in what manner they could have been brought together. Dr. Buckland found, at the bottom of the cave, gravel and loam, deposited in such a manner as to correspond with the alluvial deposits in the parts of the country in which they occur, and that the cave has been closed up by the last great inundation of water. On the threshold of the cave were certain bones, smooth on one surface. Among them was the tooth of an elephant, placed in a certain way so as to be fixed and stationary on the ground, and a part of it smoothened as if done by the frequent passage, the ingress and egress, of an animal. The next circumstance noticed was that the bones were broken, without presenting any marks of that sort of attrition which they would experience in the running water of a tide or stream; the fracture was sharp, without polish. A portion of the bone being placed in acid, phosphate and carbonate of lime were removed, and animal jelly remained. This is not what takes place in a fossil bone; for in that the animal matter is removed, and another matter is infiltrated, lime or mineral, into the cavities which are intermediate between the portions of bone. The inference, therefore, was that it was not a fossil bone, and that no grand revolution of the earth has taken place since it was there deposited or there broken.

The next thing discovered was an enormous quantity of hyena's teeth, not less than 300 cuspidati or canine teeth having been discovered, which from their size implied extraordinary strength in the molares and the jaw. There were next found small round nodules of matter in the cave, the nature of which was not at first obvious, but which when analysed appeared to consist of phosphate of lime. Dr. Buckland showed them to a keeper of wild beasts, who at once recognized them as the feculent deposit of the hyena. He then compared the condition of the hyena as now known and described by travellers, with the facts apparently disclosed in the cave, and found that within the dens of living hyenas these broken bones are to be seen, and that there are also fragments scattered around the dens. The last circumstance, however, could not well have taken place in the caves of Yorkshire, for the waters which passed over the surface must have buried all fragments in the loam and gravel. Every thing else is found there in the same state as in the den of the animal as it now lives in other climates.

By all these circumstances, Dr. B. satisfied himself that those caves did not contain the remains of a collection of animals which took shelter there while they were alive, but that the caves were the home of the hyena, and that the bones of the animals found there, many of which were of such a size that they could not have reached such a lurking place of themselves, were brought thither by the hyena; and he found a confirmation of this view in the manner in which the bones were broken and the marrow taken out. In order to test this matter still farther, he took a large bone of an ox and gave it to a hyena, and set himself to observe the manner in which the animal gnawed the end of it, broke the central part, and licked out the marrow; he then compared the bone which had been so treated with those found in the cave, and they corresponded exactly. Thus by commencing with the facts disclosed in the forms of the teeth, and following up with careful induction the chain of evidence, he was enabled to solve satisfactorily an appearance which but for his sagacity might forever have remained inexplicable.

THE NURSE'S MANUAL.

A SMALL work entitled the Nurse's Manual, or Young Mother's Guide, has recently been sent from the Hartford press. It was prepared by Dr. Kissam, and is in many respects a judicious work. So far as the directions for the care of the child within the month go, it may be hoped the advice of Dr. K. will be generally known and followed. It may not be improper, however, to state in general terms, that Dr. K. appears to us to have fallen into an error that has marked all works with the same object, or almost all, we have seen. His remarks are extended to the *diseases* of the infant and mother, as well as their physical management. On this head his pages are few indeed, but it is a separate subject, and ought not, in our opinion, to be introduced at all in such treatises. We want a practical work, *solely* and *expressly* for nurses and mothers, and one that shall restrain rather than encourage the tendency of the former to meddle with or manage *diseases*, where a little learning is a very dangerous thing. No opportunity should be lost to show the distinction between the physical care of infants in health, and the treatment of their diseases; and it is a matter of regret that so many of the treatises with this object, that have been published within two or three years, are in truth calculated, though contrary to the design of their authors, not only, not to enforce this distinction, but also to keep it out of mind. All of them tell of the importance of depending on medical advice when disease makes its attack. Without this doctrine, indeed, which of them could expect the countenance of the profession. But in the same nurse's book that this excellent sentiment is introduced and repeated, we almost uniformly find some brief directions respecting the *diseases* of children, chapters that generally add as little to the credit as they do to the usefulness of such publications.

ON THE TREATMENT OF PORRIGO DECALVANS BY SOLUTION OF TARTAR.

BY DR. H. BEAUCHAMP.

FEW affections more frequently baffle the skill of the medical practitioner, or give employment to the nostrum monger, than porrigo decalvans. Our

author has some doubt as to the propriety of placing the affection in question in the genus porrigo, but does not stop to offer a new arrangement. He was led to try the effect of tartrite of antimony in this disease, from a conversation with his friend Dr. Carter, an army-surgeon of considerable experience, who had often succeeded with this remedy in restoring the growth of hair that had fallen off in consequence of acute diseases, the use of mercury, &c. The strength of the solution was five grains to an ounce of distilled water. Shortly after this conversation a young lady applied to Dr. B., complaining that her hair fell off from a particular spot of her head. On examination, this part was found to be slightly red, unlike what generally happens, and therefore he thought it proper to apply leeches in the first instance. After the second application the hair began to grow, and there was no necessity for the antimony. After several months the lady returned, with another bald part; but this time the skin was pale. Nevertheless he applied leeches, without any good effect. Afterwards he had recourse to the antimonial solution, which was applied three times a day. The hair grew again, and of the same color as the rest of the hair.

The next case was that of a young lady from whose head the hair first fell off in spots, but in the course of five or six years, half the head had become bald, in spots, from the size of a sixpence to that of a half-crown. The antimonial solution was then employed, having the remaining hair shaved off. By mistake the solution was made too strong, and brought out a crop of pustules. When these had healed, a soft down of hair was perceptible on the affected parts, but of a lighter color than the remaining hair. The head was again shaved, and the solution of proper strength was ordered. But the anxious mother again applied a strong solution, which brought out a crop of pustules not only on the head, but over nearly the whole body, accompanied by febrile action requiring antiphlogistics. The fever subsided, and the pustules disappeared, except from the head, where the pustules coalesced and formed an immense scab, not unlike those of tinea capitis. The lady bathed in the sea during the Summer months, had the head repeatedly shaved, and subsequently recovered completely, having the head covered with a uniform growth of hair.

Even these few instances deserve the notice of the profession, and further trial of the remedy.—*Dublin Journal.*

Sanguineous Tumor in the Hand.—In the month of March, 1830, a man, ætat. 57, was admitted into La Charité for a sanguineous tumor, of the size of a pullet's egg, situated at the tip of the little finger of the right hand; it was covered with plastic lymph, but the integuments were deficient over the part; it felt firm, but the slightest touch caused it to bleed freely. The man complained of lancinating pain, which was so violent that it disturbed his repose. There was enlargement of one of the glands in the corresponding axilla. The first appearance of the disease, which was dated thirty years back, was a small black line below the nail of the little finger. This line remained in an indolent state for the space of twenty-eight years, that is to say, until two years previous to his admission into the hospital. At the commencement of these two years, the line began to swell, and became painful; the nail came away, and from beneath, a sanguineous tumor, at first flat, then globular, sprouted

forth; during the three months previous to his applying for advice, it had acquired double the volume which it had previously. M. Boyer, who recognised the disease as a specimen of true fungus hæmatodes, disarticulated the finger at the middle phalanx. In fifteen days the patient was discharged cured, and has not since had any return of the complaint. The dissection of this tumor showed a black-colored firm substance, formed by the interlacing of an infinity of capillary vessels in a varicose state; it was observed that it did not adhere either to the bone or periosteum, these two being perfectly healthy.—*London Med. and Surg. Jour.*

Similar Case.—A young man, ætat. 18, presented himself for admission at the Hôtel Dieu during the month of October last, in consequence of a tumor situated in the palm of the right hand. It was of the volume of a small hen's egg, flattened, indolent, soft to the touch, apparently without pulsation, and occupying the base of the metacarpal bone of the thumb. M. Dupuytren, judging from its analogy with one which he removed twenty-five years before, considered the disease to be of a lipomatous character, and determined upon its removal. An incision two inches long having been made over the tumor, the bistoury penetrated into a pouch filled with spongy tissue; a considerable deal of hæmorrhage now took place, but this was restrained by applying a small piece of sponge, and then with the aid of a pair of forceps, the tumor was dissected from its adhesions. It appeared to consist entirely of spongy tissue with numerous veins and arteries in a state of dilatation. Repeated hæmorrhages took place from the wound, but compression finally succeeded in arresting these, and a cure, much delayed by the formation of pus in different parts of the fore-arm, was effected in two months.—*Ib.*

Stony Covering of the Skin.—By George Kitching, Surgeon, London. —I have at present, under my care, a man who is nearly encrusted with a stone-like skin, very closely resembling the barnacles of the native oyster, or what is called "rough-casting," so frequently seen on the outside of lath-and-plaster houses. This singular individual experiences no pain whatever from his affection; and the only inconvenience he suffers, arises from a sense of tightness and weight, accompanied by almost total want of sleep, as the recumbent position causes in him the sensation of lying upon a board thickly studded with nails, or, as he expresses it, "lying on a bag of sticks." The first appearance of this covering occurred about six months ago, since which time it has been rapidly increasing, and little doubt exists in my mind but that, in a short time, if left to itself, the man will become as thoroughly encased in a hard coat as the armadillo or the rhinoceros. I may add that he is rendered totally unable to provide for himself and family. The case being under my superintendence, I shall at all times have much pleasure in communicating on the subject with the scientific and humane.—*Lancet.*

Tetanus—Softening of the Spinal Cord.—A young man, ætat 18, a jeweller, was admitted into the Hôpital de la Charité on the 1st of March, with tetanus. From his infancy both he and four of his brothers have been subject to convulsions. For the last four months he has often had involuntary and painful contractions of the fingers, which came on sud-

denly, and caused him to drop his tools. On the 19th of February, after slight indisposition, he was seized with stiffness in his arms, and lost his senses for a short time. A week after this he was attacked with a violent paroxysm of suffocation, and his present symptoms came on. His face is red and animated, eyes fixed, and pupils dilated; respiration loud and laborious; pulse 110, pulsations of the heart tumultuous, strong, and clear. Extremely painful cramps of the extremities, which come on in paroxysms; the fingers, hands, and fore-arm rigidly flexed; calves of the legs hard and contracted; thirst; deglutition easy, notwithstanding the contraction of the masseter muscles. No pain in the head, spine, or region of the heart. Bowels confined; intellect unimpaired. General and local bleeding to the spine, cold affusion, purgative injections containing musk, and opium every two hours, were prescribed, by which, at first, he appeared to be relieved; the paroxysms of suffocation and tetanic symptoms returned, however, with greater violence, and he died on the sixth in a fit of suffocation.

Examination of the Body twenty-four hours after Death.—Membranes of [redacted] cord very vascular; effusion of serum into the canal. In the upper part of the cord there was a spot about eight or ten lines long, and two or three broad, which was vascular, grayish, and in consistence like cream; slight effusion in the membranes of the brain and the ventricles; velum interpositum very much injected; tuber annulare and commencement of the medulla oblongata extremely firm; the pericardium contained about ʒij. of pus mixed with serum; heart of normal size.

In this case the tetanus was evidently the result of lesion in the medulla spinalis and its envelopes. [redacted] pretending that in all cases of tetanus, analogous lesions have been observed, there yet exists an imposing mass of cases in which it has arisen from alteration in the cord or its membranes.—*Gaz. des Hôpitaux.*

Our correspondents [redacted] have been affected, like ourselves, by the recent hot weather, and [redacted] for writing. We trust, however, that a few cool days may come to relieve the trouble,—at least with those valued friends whose promised favors the profession wait for impatiently. At home we are unusually free from matter of medical interest. There is very little of disease among us, and still less of medical speculation.

Whole number of deaths in Boston for the week ending July 19, 30. Males, 18—Females, 19.
Of disease of the heart, 1—consumption, 2—drowned, 3—debility, 1—old age, 1—child-bed, 2—intro-susception, 1—infantile, 2—sudden, 3—decline, 1—canker, 2—drinking cold water, 1—overheated, 1—convulsions, 2—croup, 1—intemperance, 1—scarlet fever, 1—apoplexy, 1. Stillborn, 5.

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